



ST. CLOUD STATE UNIVERSITY

EMPLOYEE PARKING REGISTRATION / RENEWAL 2009 - 2010

INDICATE
CURRENT LOT:

(K-Lot if
New Employee)

OFFICE USE ONLY

1) Lot _____ # _____ 3) Lot _____ # _____

2) Lot _____ # _____ Cycle # _____

(Please Print Clearly)

NAME _____ SCSU ID # _____
Last First M.I.

CAMPUS ADDRESS _____ OFFICE PHONE _____
Dept. Bldg./Room

VEHICLES: *(All vehicles parking on campus must be listed)*

Plate # / State Make (i.e., Ford, Chevy, Toyota) Model Year Color

Plate # / State Make Model Year Color

Plate # / State Make Model Year Color

Motorcycle: _____ / _____
License # State Make Model Year Color

Amount Paid \$ _____ Date _____
(Tax Included)

For Permit Returns ONLY - Send refund to:

Amount Paid \$ _____ Date _____
(Tax Included)

Amount Paid \$ _____ Date _____
(Tax Included)

REFUND: \$ _____ Date _____

[Office use only: Refund Processed # _____ Date _____ Expired _____]

Circle Parking Lot Waiting List Choices: *(MUST renew choices yearly)*

AA B C D F G H I J L N O P R S U W X

METHOD OF PAYMENT: Check enclosed _____ (Payable to St. Cloud State University)

Payroll Deduction _____ (Payroll Deduction Form completed & attached)

PLEASE DO NOT MAIL CASH!

Credit Card _____ (Credit cards accepted: Mastercard, Visa, Discover, American Express) Card Information:

Card Number (please do not write card number if paying in person) / Expiration Date / CVV or Security Code

IF MAILING THIS FORM, PLEASE SEND WITH CHECK OR PAYMENT INFORMATION TO:

Public Safety Center, St. Cloud State University, 720 4th Avenue South, St. Cloud, MN 56301

Please check one: _____ Address to mail permit: _____

_____ I will pick permit up at Public Safety _____
